



HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813

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NOTE: This is a public document.

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Garcia	Edward		833-2711
MAILING ADDRESS (Street)			FAX 839-7106
1200 Ala Kapuna Street			EMAIL egarcia@hsta.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96819	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Hawaii State Teachers Association (HSTA)			833-2711
MAILING ADDRESS (Street)			FAX 839-7106
1200 Ala Kapuna Street			EMAIL
(City)	(State)	(Zip Code)	
Honolulu	HI	96819	

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Hawaii State Teachers Association (HSTA)	833-2711	
MAILING ADDRESS (Street)	FAX 839-7106	
1200 Ala Kapuna Street	EMAIL	
(City)	(State)	(Zip Code)
Honolulu	HI	96819
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Kendra Ito-Mizota/Gordon Murakami/Tanya Abalos-Arceneaux	833-2711	
MAILING ADDRESS (Street)	FAX 839-7106	
1200 Ala Kapuna Street	EMAIL	
(City)	(State)	(Zip Code)
Honolulu	HI	96819

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

(Signature of Lobbyist)

1/24/13

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Wil Okabe	President, Hawaii State Teachers Association

NAME OF ORGANIZATION (if applicable)

Hawaii State Teachers Association (HSTA)

TELEPHONE

833-2711

MAILING ADDRESS (Street)

1200 Ala Kapuna Street

FAX 839-7106

EMAIL

(City)

Honolulu

(State)

HI

(Zip Code)

96819

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

1/24/13

(Date)